

# DEPAUL

## AND ASSOCIATES, INC.

ENVIRONMENTAL ENGINEERS

TELEPHONE (312) 527-5380

154 W. HUBBARD ST.  
SUITE 400  
CHICAGO, ILLINOIS 60610

TAMPA, FLORIDA

LOS ANGELES, CALIFORNIA

December 10, 1991

**VIA CERTIFIED MAIL**

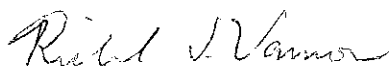
Mr. Jim Pierce  
Illinois Environmental Protection Agency  
Division of Land Pollution Control  
2200 Churchill Road  
Springfield, Illinois 62706

RE: **Kearney-National, Inc.**  
**(formerly IPM Manufacturing)**  
**201 W. Oakton**  
**Des Plaines, Illinois**  
**Lake County**  
**EPA ID Number ILD085352474**

Dear Mr. Pierce:

I have enclosed a subsequent notification form for the above-referenced facility. The purpose of this form is to notify the IEPA and USEPA that the current owner of this facility is Kearney-National, Inc. It is my understanding that you will also modify the Illinois Generator ID information to reflect this change. If you have any questions or comments, please do not hesitate to contact me at (312) 527-5380. Thank you for your attention regarding this matter.

Sincerely,



Richard J. Vamos, Ph.D.  
Project Manager

Enclosure

cc: D. Peterson  
M. Zilinskas

RECEIVED

DEC 12 1991

IEPA-DLPC



**CARLSON ENVIRONMENTAL, INC.**

*file*

June 23, 2000

Environmental Protection Agency  
RCRA Department  
P.O. Box A3587  
Chicago, Illinois 60690

**RECEIVED**  
JUL 06 2000

PROGRAM MANAGEMENT BRANCH  
Waste, Pesticides & Toxics Division  
U.S. EPA - REGION 5

Subject: Change of TSD Status

Dear Sir or Madam:

Carlson Environmental, Inc. (CEI), on behalf of the current property owner (CenterPoint Properties Trust), is requesting that the following company and site to be removed from the TSD list:

Kearney National, Inc.  
201 Oakton  
Des Plaines, IL  
Large Quantity Generator  
# ILD085352474

CEI notes, the above company is no longer a tenant at this address and hazardous waste is no longer being generated there.

If you have any questions, please call Edward Garske at 312-346-2140.

Sincerely,  
Carlson Environmental, Inc.

*Elizabeth M. Seltzer (for)*

Elizabeth Seltzer

cc: Ms. Laura Artus, CenterPoint Properties Trust



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐ A. Prior Notification ☒ B. Subsequent Notification

C. Installation's EPA ID Number

I L D 0 8 5 3 5 2 4 7 4

II. Name of Installation (Include company and specific site name)

K E A R N E Y - N A T I O N A L I N C

III. Location of Installation (Physical address, P.O. Box or Route Number)

2 0 1 W E S T O A K T O N

City or Town

D E S P L A I N E S

State ZIP Code

I L 6 0 0 1 8 -

County or County Equivalent

L A K E

IV. Installation Mailing Address (Not for delivery)

FIVE CORPORATE PARK DRIVE 114

FIVE CORPORATE PARK DRIVE 114

SIX ZIP Code

W H I T E P L A I N S N Y 1 0 6 0 4 - 3 8 0 5

V. Installation Contact Person (Name, Title, Address, Phone Number, and Fax Number)

Name (Last)

Z I L I N S K A S M A T T H E W J E R R Y

Title

V I C E P R E S I D E N T 9 1 4 - 6 9 4 - 6 7 0 0

VI. Installation Contact Person (Name, Title, Address, Phone Number, and Fax Number)

Contact Address

FIVE CORPORATE PARK DRIVE

City or Town

W H I T E P L A I N S

State ZIP Code

N Y 1 0 6 0 4 - 3 8 0 5

County or County Equivalent

L A K E

K E A R N E Y - N A T I O N A L I N C

City or Town

F I V E C O R P O R A T E P A R K D R I V E 1 1 4

City or Town

W H I T E P L A I N S N Y 1 0 6 0 4 - 3 8 0 5

County or County Equivalent

9 1 4 - 3 8 7 P P X 0 1 2 5 9 1



**VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)****A. Hazardous Waste Activity**

1. Generator (See Instructions)
- ☒ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify \_\_\_\_\_
3. Treater, Storer, Disposer (at Installation)
- Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Burner - Indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Unclassified Ignition Control

**B. Used Oil Fuel Activities**

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - Indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims that Oil Meets the Specification

**IX. Description of Regulated Wastes (Use additional sheets if necessary)**

**A. Characteristics of Nonlisted Hazardous Wastes.** Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. Toxicity Characteristic (D000) ☐
- (List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))

**B. Listed Hazardous Wastes.** (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1 F 0 0 1	2 U 2 2 8	3	4	5	6
7	8	9	10	11	12

**C. Other Wastes.** (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6
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**X. Certification**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature Matthew J. Zilinskas	Name and Official Title (type or print) MATTHEW J. ZILINSKAS, VICE PRESIDENT	Date Signed DECEMBER 3, 1991
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**XI. Comments**

DEC 12 1991

EPA-DLPC

Note: This form is provided as a guide only. It is not to be used as a substitute for the actual EPA form (see instructions for addresses.)



ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

• ILD085352474

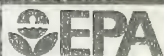
INSTALLATION ADDRESS

INTERNATIONAL PRODUCTS & MFG INC  
201 W OAKTON BOX 5033  
DES PLAINES IL 60018

201 W OAKTON  
DES PLAINES IL 60018

m 5/21/84



U.S. ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

Not on P.O.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

PLEASE PLACE LABEL IN THIS SPACE

III. LOCATION OF INSTALLATION

RECEIVED

MAY 01 1984

WMD-RAI  
EPA, REGION V

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

## FOR OFFICIAL USE ONLY

## COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED  
(yr., mo., & day)

F I L D 0 8 5 3 5 2 4 7 A

A

8 4 0 5 0 1

I. NAME OF INSTALLATION

INTERNATIONAL PRODUCTS &amp; MFG.

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 2 0 1 W O A K T O N B O X 5 0 3 3

CITY OR TOWN

4 D E S P L A I N E S

ST.

ZIP CODE

I L 6 0 0 1 8

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 S A M E

CITY OR TOWN

ST.

ZIP CODE

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, &amp; job title)

PHONE NO. (area code &amp; no.)

2 C L I F F O R D W H I T E S E L L M G R M E G 3 1 2 - 6 3 5 - 8 0 8 0

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 I N T E R N A T I O N A L P R O D U C T S &amp; M F G

B. TYPE OF OWNERSHIP  
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL  
M = NON-FEDERAL

M

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☒ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

C. INSTALLATION'S EPA I.D. NO.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.



I.D. - FOR OFFICIAL USE ONLY														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
													16	17

# IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 1 23 - 26 7 23 - 26	2 F 0 0 2 23 - 26 8 23 - 26	3 23 - 26 9 23 - 26	4 23 - 26 10 23 - 26	5 23 - 26 11 23 - 26	6 23 - 26 12 23 - 26
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B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26 19 23 - 26 25 23 - 26	14 23 - 26 20 23 - 26 26 23 - 26	15 23 - 26 21 23 - 26 27 23 - 26	16 23 - 26 22 23 - 26 28 23 - 26	17 23 - 26 23 23 - 26 29 23 - 26	18 23 - 26 24 23 - 26 30 23 - 26
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C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 23 - 26 37 23 - 26 43 23 - 26	32 23 - 26 38 23 - 26 44 23 - 26	33 23 - 26 39 23 - 26 45 23 - 26	34 23 - 26 40 23 - 26 46 23 - 26	35 23 - 26 41 23 - 26 47 23 - 26	36 23 - 26 42 23 - 26 48 23 - 26
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D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE  
(D001)

☐ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☐ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

Clifford Whitesell

NAME & OFFICIAL TITLE (type or print)

Clifford Whitesell, Mgr., Mfg.

DATE SIGNED

4-24-84